

Exhibit 1 – Title VI Compliant Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____

Work Telephone Number _____

Email Address _____

1. Were you discriminated against because of:

☐ Race ☐ National Origin ☐ Color
☐ Other _____

2. Date of Alleged Incident:

3. Please explain as clearly as possible what happened and how you were discriminated against. Indicate the location and who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please attach additional pages or use the back of this form.

[illegible]

4. Have you filed this complaint with any other federal, state or local agency, or with any federal or state court? ☐ Yes ☐ No

If yes, please check all that apply:

____ Federal Agency ____ Federal Court ____ State Agency
____ State Court ____ Local Agency

Please provide information about a contact person of the agency or court where the complaint was filed:

Name _____
Address _____
City, State and Zip Code _____
Telephone Number _____

5. Will you be representing yourself in this complaint? ☐ Yes ☐ No

If no, please provide information about the person who will be serving as your representative in this complaint:

Name _____
Address _____
City, State and Zip Code _____
Telephone Number _____

Please sign below. You may attach any written materials or other information that you think is relevant to your complaint.

Signature _____ Date _____

Please mail or submit this form to:

Joann Africa, Chief Counsel/Title VI Compliance Officer
Southern California Association of Governments
818 West 7th Street, 12th Floor
Los Angeles, CA 90012-3435